

The fault lies in the leadership of those who designed and directed their training (or failed to).

It is not a matter of looking clumsy, or possibly even dropping the victim, or even injuring the rescuer....

It is a matter of time-on-target...if everyone knows (from motor-memory) just a few specific inter-operable LDCs and when to use them, which can be taught in as little as 20 minutes in every TCC class, then victims can be extracted many times faster than what you see on the true-life incidents depicted above.

If we are not discerning enough to rely on experienced tactical SMEs and qualified instructors to agree on these and guide those who rely on our leadership, then nothing will change in civilian EMS. And when it comes time to actually extract live humans, not inflatable dolls or cardboard figurines, as in many continuing archaic mass casualty drills, we will continue to see pathetic scenes as above, sometimes at the expense of more preventable deaths. We have made great strides in the top 3 causes of preventable death at the point of wounding. It is time to take the next step in rapidly extracting those same victims, as many US military units now can do.

